



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

Educators License Reinstatement Application

Last Name		First Name		Middle Initial	
Street Address				Apartment/Unit #	
City		State		Zip Code	
Phone Number		Email Address			
Last Four Digits of Your SSN		Date of birth			
Folio/SEID Number		Name former license held under			
School year for license to be activated	7/1/_____	Name as you wish it to appear on your license			
Please indicate what Class(es) of Licensure you are reinstating (Check all that apply)	<input type="radio"/> Class 1 Professional Teaching <input type="radio"/> Class 4 Career/Technical Teaching <input type="radio"/> Class 2 Standard Teaching <input type="radio"/> Class 6 School Counselor/School Psychologist <input type="radio"/> Class 3 Administrator				

Verification of Renewal Units to Meet Reinstatement Requirements.

60 renewal units are required for reinstatement. These renewal units must have been earned during the last 5 years. If using college coursework to meet your reinstatement requirements each Semester Credit = 15 OPI Renewal Units and each Quarter Credit = 10 OPI renewal units. **Original transcripts and renewal unit certificates must be submitted with this application.**

Date	Activity/Course Title	Source of Activity/Course	Units Earned

If you need to document more renewal activities/courses please attach a separate sheet of paper

Number of Licenses to be reinstated		Times \$30 per license = total due (Example: 2 licenses X \$30= \$60 total due)	
Please submit this application, your transcripts/renewal unit certificates and the Character and Fitness verification form along with the renewal fee to the following address: Send in your fingerprint cards to the Montana Department of Justice as instructed on page 3 of this application.		Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620	

Character and Fitness Information

Last Name	First Name	MI
1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential.		<input type="radio"/> Yes <input type="radio"/> No
State or Jurisdiction	Type of License	Certificate or License Number
2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page.		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Failure to Renew
	<input type="radio"/> Revocation	<input type="radio"/> Cancellation
		<input type="radio"/> Other (please describe)
3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.		<input type="radio"/> Yes <input type="radio"/> No
4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. . *Most arrests and convictions show up on a background check even if purged or dismissed by a court.		<input type="radio"/> Yes <input type="radio"/> No
4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. <i>*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.</i>		<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Deferred Prosecution	<input type="radio"/> Deferred or Suspended Imposition of Sentence	<input type="radio"/> Deferred Adjudication
<input type="radio"/> Stay of Adjudication	<input type="radio"/> First Time Offenders Programs	<input type="radio"/> Other Programs (Please describe)
Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure.		
Taxpayer ID Number, Social Security Number or Canadian ID		
<i>By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.</i>		
Signature:		Date:



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opi.mt.gov

How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed. **Do not fold the completed fingerprint cards.**

3. Complete the following sections as instructed below:

Employer and Address: Montana Office of Public Instruction
Educator Licensure Division
PO Box 202501
Helena, MT 59620-2501

Reason Fingerprinted: Montana Educator Licensure
ARM 10.57.201A

ORI: MT025025Y
DOJ-ST ID BUR
Helena, MT

4. Mail the completed fingerprint cards along with a **Check for \$27.25** payable to the Montana DOJ to:

Montana Department of Justice
PO Box 201403
Helena, MT 59620-1403

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.